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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/540,462			ling Date 21/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
⊢	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b), (N/A		N/A		N/A	1 == (0)	l	N/A	, LL (0)	
	SEARCH FEE		N/A		N/A		N/A			N/A	 	
	(37 CFR 1.16(k), (i), (ii) EXAMINATION FE	E	N/A	-	N/A		N/A			N/A		
	(37 CFR 1.16(a), (p), (TAL CLAIMS CFR 1.16(i))	or (q))	minus 20 =				x \$ =		OR	x s =		
IND	CFR 1.16(I)) DEPENDENT CLAIM CFR 1.16(h))	is	minus 3 = *			П	x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	e specificants of paper 150 (\$125 150 tional 50 s	gs exceed 100 in size fee due for each in thereof, See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))												
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR	OTHER THAN OR SMALL ENTITY		
AMENDMENT	06/01/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ME	Total (37 CFR 1.18(i))	• 34	Minus	 34	= 0	l	X \$26 =	0	OR	x \$ =		
볾	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0	ı	X \$110 =	0	OR	x s =		
Ĭ	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
						•	TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)							
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus]	x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1/16(h))		Minus	***	=	l	x \$ =		OR	x s =		
띪	Application Size Fee (37 CFR 1.16(s))					l]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Exxaminer: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". ANGELA D. JOHNSON The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".											

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